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ABSTRACT

Five mentally retarded adults from a residential population were placed into the community and rated on their performance in seven common functional domains, including physical, self help, and language skills. The minimal skill in each functional domain that was exhibited by the five clients were identified and compared with scores of 44 mentally retarded adult clients from a general population residing in an institution. It was found that the minimal scores obtained by the five community-bound clients were not unlike the average scores of the inpatient population. Furthermore, such skills as physical movement, receptive language, toileting, and feeding appeared to take precedence over other skills including dressing, grooming, and expressive language. Full attainment of the former skills appeared to be necessary for community placement while only partial attainment of the latter skills seemed to be sufficient. Data suggested that the habilitative planning that is intended to place a client into the community might best be directed at having the client acquire certain skills before others. (Author/SBH)

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Technical Report 79-06

FUNCTIONAL SKILL CHARACTERISTICS OF COMMUNITY-BOUND MENTALLY RETARDED CLIENTS

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ABSTRACT

The minimum basic skills that institutionalized mentally retarded clients must exhibit in order to be placed into a community setting were explored. Five clients who were placed into the community were rated on their performance in seven common functional domains, including physical, self-help, and language skills. The minimal skill in each functional domain that was exhibited by these five clients were identified and compared with scores of 44 clients selected from a general population residing at an institution. In this study it was found that the minimal scores obtained by the five community-bound clients were not unlike the average scores of the inpatient population. Furthermore, such skills as physical movement, receptive language, toileting, and feeding, appeared to take precedence over other skills including dressing, grooming, and expressive language. Full attainment of the former skills appeared to be necessary for community placement while only partial attainment of the latter skills is sufficient. These data suggest that the habilitative planning that is intended to place a client into the community might best be directed at having the client acquire certain skills before others. Furthermore, for some skills, the client need only attain a minimally acceptable level of performance, rather than attempting to become fully proficient in that behavioral domain. Once that minimal level is attained, the client can begin training in a different area.

FUNCTIONAL SKILL CHARACTERISTICS OF
COMMUNITY BOUND MENTALLY RETARDED CLIENTS

Regardless of how the selection process operates, some institutionalized clients are eventually placed into a less restrictive setting in the community. It is likely that there are specific skills and specific levels of proficiency within these skills that are critical for community placement. This notion opposes the philosphy that those community eligible residents have obtained the highest level of proficiency in each skill domain relative to their institutionalized peers. Community caretakers may be willing to admit into their homes a client who cannot dress himself but will readily exclude a client who is not toilet trained. If a client can feed himself at least with a spoon, the caretaker may be willing to work with the client to develop more refined eating skills.

Identifying the minimal skills that are acceptable for community placement could have a marked influence on treatment planning for an institutionalized population. One influence would be to determine the treatment priorities among several skill domains (toilet training would proceed toothbrushing for example). A second influence would be to enable the treatment team to terminate treatment within one domain once the minimal level of skill has been attained and begin training in the next priority domain. Once the minimally acceptable level of skill is attained in all functional domains, the client can then be moved out of the potentially negative influence of the institution and allowed to continue training to refine his skills in the community. For those clients who remain in the institution, staff-to-patient ratios will be lowered and these clients will receive better training.

In this study the skill levels of functional behaviors for clients who are placed into the community will be identified and compared to the skills of clients who remain in an institution.

METHOD

Subject Selection - Forty-four adult clients were selected for this study from a residential population at a developmental center in upstate New York. The individuals ranged in age from 17 to 52 years, with varying functional levels. Subjects were selected from a variety of adult units over a six-month period, both as they were admitted to the developmental center or as their annual evaluations fell due.

Of these forty-four clients, five of the subjects were placed into the community within 4 months after information on their adaptive behavior was gathered. It is assumed from the time when the information was gathered until the time they left for the community, the subjects adaptive skills did not change appreciably.

Functional Scale - Quantifiable information was collected on the adaptive behaviors for each of the subjects. The Broome Functional Behavior Checklist (Grosek, 1979) was developed for this purpose. Essentially, this checklist is an objectification of Grossman's (1977) guidelines for evaluating the adaptive behavior of retarded individuals. The checklist addresses seven principal behavioral domains, including self-help skills, physical skills, communication, social skills, economic skills, occupational skills, and self direction. Each of these domains were further subdivided into sub-categories and, where appicable, subcategory items were arranged into a hierarchy and all the checklists contain 112 items (see appendix 1).

The checklist was distributed to the direct-care persons who most frequently worked with each subject. The staff was instructed in the use of the scale, and were asked to indicate if each skill was present or absent.

RESULTS

Table I summarizes the scores that were obtained on the functional profiles. The first column presents the average score for all forty-four subjects. The second column lists the average scores for the five subjects that were placed into the community. In each category, the community subjects scores equalled or exceeded the scores of the general population; this was expected. The third column presents the smallest score that any of the five community bound subjects attained in each category. For example, under expressive language (III-b), the five community bound subjects averaged a score of 11, but they all scored at least a 4 in this category. Referring to Appendix 1 under Section 3, Communication, the average community bound subject could relate experience in simple sentences. In actuality, some subjects could speak in simple sentences, others could not, but all the subjects could at least speak using one or two words appropriately.

The inference follows that the minimal scores represent a sufficient skill level for the client to be placed into the community. In the case of expressive language, being able to speak at least a few words was sufficient for any of the five clients to be placed. A higher level of that skill was not needed. This does not mean that clients with lower levels of that skill would not have been acceptable for community placement, but simply that higher levels of skill were not needed. A narrative of each minimally acceptable skill is presented in Table II.

DISCUSSION

Looking at the minimal skills that are presented in Table II, one can identify the general cahracteristics of community bound clients. These individuals exhibited both fine and gross motor physical skills. All were independent in feeding and toileting. They follow most directions, and their attention span was at least 10 minutes. On the other hand, these clients did not necessarily have more than minimal expressive language skills. Some required verbal or physical prompts by ward staff for dressing and grooming. The client performed a few simple household tasks. The presence of economic skills did not appear to be mandatory for community placement. Finally, the information on social skills was not presented in a hierarchy and an interpretation of that data does not readily lend itself to this discussion.

In preparing a client for community placement, the highest priority in habilitative planning would be to develop a client's physical abilities and to train receptive language, feeding, and toileting skills. Attainment of all these skills was evidenced in each of the clients who entered the community. The order of training of these skills may vary and even be simultaneous. However, it is commonly felt that the acquisition of receptive language is necessary before training can begin in other higher level skills such as toileting.

It is not suprising that each of the target individuals possessed the above skills, for the absence of these skills would most likely not be tolerated by community caretakers. Spoonfeeding, changing diapers, and physically lifting adults would probably be objectionable to most private individuals.

The next priorities in habilitative planning would be to develop dressing, grooming, and expressive language skills. Next would be the development of vocational/household skills. The acquisition of economic skills would have the lowest priority of the skills mentioned here.

It would appear that if the client can dress or bathe himself in a general way, the foster caretaker would be willing to perform the final touches, such as tying shoelaces or shampooing the hair. Such assistance is minimal unless taxing when compared to spoonfeeding and changing diapers, which would occur several times each day.

In practice, the placement of clients in the community may depend upon variables other than the attainment of basic self-help skills. Community placement may be precluded by unresolved behavioral, medical, or physical problems. There may not be any community homes into which to place the individuals who are otherwise are community eligible. If homes are available, they may not be in suitable locations or be able to provide suitable services. Above all, family members may object to having their relatives placed into the community. For many of these reasons, some subjects in this study who were in the general population of institutional clients were not placed into the community. Before we can unconditionally specify the variables that are necessary for community placement, we must first factor out the variables that interfere with community placement.

In spite of this difficulty, this study makes an initial attempt to identify the level of proficiency that is required in a variety of skills to prepare a client for placement into the community. It is evident that all community bound subjects exhibit certain basic skills. In addition, it is also evident that community caretakers are willing to accept clients who have skill deficits in other domains. The role of future research is two-fold. The first would be to use larger subject samples to confirm the findings in this study. The second aim, which would be in conjunction with the first, would be to develop a more refined instrument that would allow the researcher to investigate the micro-molecular skills that are presented here and to extend the study into other skill domains.

RG:mw

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TABLE I

CHECKLIST SCORES

	Domain	Average Score n = 44	Community Scores n = 5	Minimal Score
I.	Self-Help			
	a. Cup	2	2	2
	b. Utensils	7	8	8
	c. Undress	4	4	4
	d. Dress	3	4	3
	e. Toilet	4	5	5
	f. Bathe	3	4	3
	g. Comb	1	1	1
	h. Clothes	1	1	1
II.	Physical			
	a. Ambulate	4	4	4
	b. Stairs	2	3	3
	c. Arms and legs	7	8	8
	d. Miscellaneous	4	6	5
III.	Language			
	a. Receptive	3	4	3
	b. Expressive	9	11	4
	c. Written	1	1	0
IV.	Social	7	12	9
V.	Economic			
	a. Errands	1	2	0
	b. Money	1	1	0
VI.	Occupation	2	4	2
VII.	Self-Direction			
	a. Attention	2	2	1
	b. Initiative	1	2	0

TABLE II

Levels of Skills Acceptable for Community Placement

I. Self-Help

A. Uses cup
B. Feeds self without assistance
C. Undresses completely
D. Dresses self except for shoe laces
E. Toilets self independently
F. Bathes with verbal assistance
G. Uses comb
H. Puts clothes away

II. Physical

A. Walks freely
B. Climbs stairs
C. Assembles puzzles
D. - - - - - *

III. Language

A. Understands instructions
B. Speaks 1 or 2 words
C. No skill

IV. Social

- - - - - *

V. Economic

A. Errands - no skill
B. Money use - no skill

VI. Occupation

- - - - - *

VII. Self-Direction

A. Attention span - 10 minutes
B. Initiative - no skill

* Not readily determined

APPENDIX I

Broome Functional Behavior Checklist

Choose the statement that best describes the client.

I. Self-help Skills

A. _____ 1. drinks from cup with assistance
_____ 2. drinks from cup unassisted

B. _____ 1. opens mouth for feeding
_____ 2. uses fingers for feeding
_____ 3. feeds self with spoon - messy
_____ 4. feeds self with fork - messy
_____ 5. feeds self with spoon adequately
_____ 6. feeds self with fork adequately
_____ 7. uses knife to butter
_____ 8. feeds self without assistance
_____ 9. prepares easy foods (i.e. peanut butter sandwiches)

C. _____ 1. cooperates during dressing (i.e. extends arms, legs)
_____ 2. removes socks
_____ 3. removes pants
_____ 4. undresses completely

D. _____ 1. puts on socks or underpants or dress
_____ 2. dresses self except for zippers/buttons
_____ 3. dresses self completely
_____ 4. ties shoe laces

E. _____ 1. cooperates during toileting
_____ 2. indicates toileting accidents
_____ 3. indicates toileting need
_____ 4. self initiates at times but still has accidents
_____ 5. toilet-trained

F. _____ 1. cooperates during bathing
_____ 2. bathes or washes with considerable assistance
_____ 3. bathes with minimal assistance (verbal only)
_____ 4. bathes self unassisted

G. _____ 1. combs/brushes hair

H. _____ 1. puts own clothing away

II. Physical Skills

A. _____ 1. sits unsupported
_____ 2. stands alone
_____ 3. walks with help
_____ 4. walks alone

B. _____ 1. climbs stairs with help
_____ 2. goes up and down stairs one step at a time
_____ 3. climbs stairs alternating feet

C. _____ 1. reaches for objects
_____ 2. grasps with thumb and finger
_____ 3. manipulates (and holds) objects
_____ 4. eye-hand coordination (picks up object on first try)
_____ 5. passes objects to others
_____ 6. throws ball
_____ 7. transfer object from one hand to the other
_____ 8. assembles simple puzzles

Check all that apply

_____ runs
_____ jumps
_____ balances on one foot for 5 seconds
_____ hops or skips
_____ rides bike
_____ climbs tree or jungle jim
_____ dances
_____ uses skate or sled or jump rope
_____ goes about local town without assistance

III. Communication

A. _____ 1. responds to gestures
_____ 2. performs simple commands
_____ 3. understands directions and instruction
_____ 4. understands complex communication using "because", "but"

B. _____ 1. imitates sounds
_____ 2. laughs or smiles back
_____ 3. communicates with gestures
_____ 4. speaks 1 or 2 words
_____ 5. speaks 3 to 6 words
_____ 6. speaks 2 - 3 word sentences
_____ 7. names common objects
_____ 8. knows people by name
_____ 9. speaks about 300 words
_____ 10. speaks grammatically correct sentences
_____ 11. relates experiences in simple sentences
_____ 12. speaks in complex sentences
_____ 13. carries on simple conversations
_____ 14. speaks in complex sentences using "because", "but"

Check all that apply

_____ recognizes (some) printed words
_____ reads simple prose with comprehension
_____ uses telephone
_____ writes simple letters

IV. Social Skill

Check all that apply

_____ recognizes familiar persons (smiles, reaches for them)
_____ initiates play (leisure time activity)
_____ plays alone for 5 minutes
_____ plays with others under supervision
_____ parallel play (plays along side another person, but does not interact with that person)
_____ shows preference for some people
_____ simple play activities with others
_____ cooperates in group
_____ participates in group
_____ imaginative play ("house", "cowboys")
_____ expressive games (art, dance)
_____ competitive activities
_____ have friendships that last weeks or months
_____ initiates group activities
_____ belongs to a club
_____ enjoys formal recreation (bowling, dancing, checkers)

V. Economic Skills

A. _____ 1. send on simple errands
_____ 2. simple purchase with note
_____ 3. send on errand for several items with note
_____ 4. makes minor purchases
_____ 5. can be sent to several shops to make purchases

V. _____ 1. uses coins in slot
_____ 2. adds coins up to one dollar
_____ 3. makes change correctly

VI. Occupation

Check all that apply

_____ prepares simple food items (sandwiches, toast)
_____ simple household tasks (sweeps, vacuums) under supervision
_____ sets and clears table

_____ routine household tasks (dusting, dishwashing, garbage)
_____ prepares simple meals
_____ holds simple job

VII. Self-Direction

A. _____ 1. attention span up to 10 minutes
_____ 2. attention span is 10 - 20 minutes
_____ 3. attention span exceeds 30 minutes

B. Check all that apply

_____ asks for work to do around the house (unit)
_____ initiates most activities
_____ conscientiously carries out tasks